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Commissioner

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TRAUMA MEDICAL REVIEW COMMITTEE
COMMITTEE MEETING

October 25, 2006
Richard M. Flynn Fire Academy
Concord, New Hampshire

Members Present: John Sutton, MD, Sharon Phillips, RN, Steve Bateman, EMTP, Heather Page, Cherie Holmes MD, John DeSilva, Kathy Bizarro

Guests: Sue Barnard, RN, Doreen Gilligan, RN, Janet Houston, Nancy Guy, RN

Bureau Staff: Clay Odell, EMTP, RN

I. Call to Order

The meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:30 am on Wednesday October 25, 2006 at the Richard M. Flynn Fire Academy in Concord, NH.

Item 1. Introductions: Attendees went around the table and introduced themselves.

Item 2. Minutes. There was a glitch processing the minutes of the August 2006 meeting, in that the recording device malfunctioned and no recording of the meeting was made. The minutes were written using Vicki Blanchard's notes, as Clay was out of town. The members in attendance reviewed the draft minutes and made some changes. The minutes were approved as amended.

IV. Committee Discussion Items

Item 1. Renewal and Hospital Updates and AMT UR subcommittee Clay reported that he will be talking to Androscoggin Valley Hospital about their application for Level III assignment, and that order of business will likely be brought up for consideration at the December 2006 TMRC meeting.

Clay brought up discussion of how to approach the hospitals in the Seacoast region. The group felt that the most desirable thing would be the Seacoast hospitals deciding to fully participate in the NH Trauma System. The population in this region is substantial, and ensuring that trauma patients in this region are afforded the highest level of trauma care is important to the TMRC. In the discussion it was pointed out that it would be useful to determine if the factors behind the four hospitals' to not participate were still there. It was also thought that approaching these facilities might wait until after the NH Trauma Plan

revision was approved. That way the hospitals would be able to have a more complete understanding of how the system works, advantages to participating, and the extent of the commitment to participating. The consensus of the group was to follow this approach.

The Air Medical Transport Utilization Review Subcommittee will be meeting today. They will be completing the review of twelve month's worth of data on scene flights in NH.

Item 2. NH Bureau of EMS Report No report due to time considerations

Item 3. Interfacility Transport Task Force The IFT Task Force is continuing to work on data collection. The group finalized a data collection tool to distribute to the hospitals. The goals of the data collection are to monitor the time that a patient arrived in the ED until they were on their way by ambulance to the receiving facility, and to collect data related to which ambulance service was called, their response, how many services needed to be called, what level of provider was required, etc. the data collection period will be December 1, 2006 to February 28, 2007.

Item 4. Trauma Team Training Project Clay reports that the project is still moving along. There have been a couple of setbacks related to the programming of the SimMan manikin. Clay has runs several simulations at DHMC with the surgical residents as a test. The program has not run correctly. Clay will be working with DHMC to see if they can help resolve the glitches. He hopes to be able to take the program on the road soon after the Trauma Conference. He is looking for a hospital that would be willing to serve as a beta test site

III Old Business

Item 1. Revision of NH Trauma Plan The group discussed how to go about revising the NH Trauma Plan. Clay indicated that this is a project he hopes to complete in 2007, which is 10 years after the 1997 version that we currently operate under. The consensus was to make this a more usable document than the current one. One of the things that we will need to incorporate is the "public health model" trauma philosophy that the federal government is advocating for. That concept will require us to educate our membership.

Sharon Phillips offered the input from the Trauma Nurse Coordinator's group. She said they are interested, engaged and enthusiastic about improving the trauma system. Clay said that he would mail copies of the current trauma plan to the Trauma Nurse Coordinators.

There was discussion about how to proceed. The consensus of the group was to draft the document as part of the regular TMRC meetings, then have a separate all-day retreat to finalize the draft. Clay emphasized that the current trauma plan is too long and he would like to see a lot of the extraneous text removed.

The group decided to have Clay draft an outline for review at the December 2006 meeting. He will also print out materials for members to refer to during the project.

Kathy Bizarro suggested that we set a target date for completion of the trauma plan revision, August 2007 for example. This is important since we want to use the new document to advocate for increasing hospital participation in the NH Trauma System. Dr. Sutton suggested that the group consider the outline at the December meeting, individuals will read the documents and be prepared to discuss them at the February and April 2007 meetings. Following that we will schedule an all day retreat to go over the draft document. The objective is to have the finalized draft available for the June 2007 meeting.

Kathy Bizarro asked if the revised plan should be given to the hospitals for comments before finalizing it. Dr. Sutton said we should contact the hospital CEO's and trauma directors to advise them that the plan is under revision and giving them the opportunity to have input via whatever mechanism they want (i.e. through their trauma nurse coordinator, EMS Coordinator, etc.). Ideally this step would take place before the February meeting. It was suggested to have a draft letter to the hospitals about the revision process and soliciting their input.

Janet Houston said that the newly formed EMS-C advisory committee would be meeting to discuss the pediatric trauma plan.

Item 2. 2006 Trauma Conference Planning for the 2006 NH Trauma Conference is still moving forward. Brochures should be going out within the next couple of weeks. Clay handed out copies of the pdf version of the brochure and said he would email the file to members as well. He asked that members pass the brochure forward to their colleagues.

IV. New Business

None

V. Public Comment

Dr. Sutton discussed a coalition in NH to advocate for a mandatory seatbelt law for NH. This law would be a primary seatbelt law which enables a law enforcement officer to stop a motor vehicle operator because they don't appear to be wearing a seatbelt. The previous effort at a seatbelt law was a secondary enforcement law, which is not as strong.

There is hope within the coalition that there might be an opportunity to pass a bill this year, and there are discussions ongoing regarding public relations and engaging in the political process to advocate for the bill.

This year a seatbelt use survey was done under the supervision of epidemiologists at UNH. The results of that study should be available soon.

VI. Adjournment

Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee would be December 20, 2006 at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

**Clay Odell, EMTP, RN
Trauma Coordinator**